

L12000 158409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

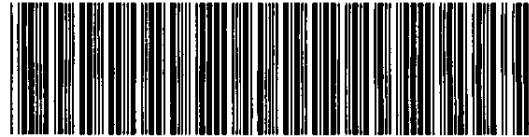
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAR 31 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 2 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crisis Management Solutions, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Craig Onstott

(Contact Person)

Crisis Management Solutions

(Firm/Company)

1013 Harlingen Rd SW

(Address)

Palm Bay, FL 32908

(City/State and Zip Code)

For further information concerning this matter, please call:

Craig Onstott

at (719) 213-1917

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



CRISIS MANAGEMENT SOLUTIONS, LLC.
INNOVATIVE SOLUTIONS FOR PROACTIVE CRISIS MANAGEMENT

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

To Whom It May Concern:

Please find the enclosed cover letter and signed resignation form for Mr. Montano. Please note that I have already paid the \$25 Filing Fee and hope that you still show it in your records. I had to have Mr. Montano sign the newer form and therefore my original form was rejected.

Please contact me if you have any additional questions at the number listed below.

Best Regards,

Craig A. Onstott

President

Crisis Management Solutions, LLC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2014

CRAIG A ONSTOTT
1013 HARLINGEN RD SW
PALM BAY, FL 32908

SUBJECT: CRISIS MANAGEMENT SOLUTIONS, LLC
Ref. Number: L12000158409

We have received your document for CRISIS MANAGEMENT SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 514A00005075



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Crisis Management Solutions, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L12000158409

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/13

4. I, Anthony Montano, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA